

TESTIMONY
BEFORE THE PUBLIC HEALTH COMMITTEE
REGARDING:

H.B. 7156
AN ACT CONCERNING HOSPICE SERVICES
H.B. 7193

AN ACT CONCERNING A WAIVER FROM STATE LICENSING REGULATIONS FOR
HOSPICE-ONLY PROVIDERS.

MARCH 5, 2007

Senator Handley, Representative Sayers and members of the Public Health Committee, my name is Catherine P. Collette, RN, BSN, CHPN, Hospice Program Director of North Central Hospice and Palliative Care; a program of Visiting Nurse and Health Services of Connecticut, Inc.

I am presenting testimony regarding H.B. No. 7156 and 7193. Our agency **supports HB 7156** with one technical amendment which is outlined in the written testimony.

Visiting Nurse and Health Services of Connecticut, Inc. has been providing care to patients since 1913. North Central Hospice has been serving patients in North Central Connecticut since 1983. In our service to our community, in 2006, we served 3,757 Home Care patients and 462 Hospice patients.

Our agency strongly opposes HB 7193 based on the following key issues:

1) **Continuity of Care across all settings:** This is a very important issue as hospices that are not licensed as home health agencies will not be able to provide care to pre-hospice patients, patients who decide to accept hospice late in their lives or not at all, patients who are not covered by the Medicare Hospice Benefit or similar plan, and also those who revoke or are discharged from the hospice program.. The patient will not be able to have the same provider through the transition of care from traditional home care services (which currently is referred to as pre-hospice or palliative care)-this is a quality of care issue as well as a patient satisfaction issue.

We have had patients on Hospice who have elected to revoke the benefit and seek more treatment for their disease. In one case, a patient did so and five days later when side effects of his chemo therapy became too much for him to tolerate, he decided to return to hospice. In this case we were able to maintain continuity of care with the same nurse, social worker, and home health aide, providing services to the patient as he was making very difficult decisions. In this way too, we see patients making

decisions to forego treatment and elect Hospice who do not want to give up or change nurses. The hospice lengths of stay with a median of 15 days make the point of transition critical to decrease the stress during this difficult time.

2) Decreased Regulatory Oversight: We have significant concerns about decreasing the regulatory oversight of these providers, which could potentially affect the quality of care provided to hospice patients. Because home care agencies are currently licensed, an agency follows a standard of care that has been established in our state. Decreasing the regulatory requirements for a specific group of agencies who are providing home hospice service will create an unlevel playing field. Patients who are serviced by a hospice that is licensed under this waiver, may not realize that the hospice he or she has chosen does not adhere to the same standards as those community-based hospice providers who choose to continue to meet state licensure regulations if they maintain their current business model which includes the care of pre-hospice patients. Specifically, elimination of the state licensure regulations would result in the following:

- Decreased requirements for personnel qualifications, training and continuing education
- Decreased supervisory requirements; no staffing ratios
- Minimal/non-specific quality assurance requirements
- Non-specific responsibilities for services rendered and timeframes for documentation.

3) Unrestrained Growth will not address the issue of access for hospice patients and could financially undermine community based home care/hospice agencies.

There are currently 31 Medicare Certified Hospices in the state which are able to service all Connecticut towns. This is a significant number of hospices for the geographic area with no CON requirements. Significant increases in the number of hospices will adversely affect community-based providers in a number of ways:

- Recruitment/Retention issues due to a limited number of qualified staff and volunteers who dedicate themselves to the care of hospice patients. Increasing the number of hospices in the state will keep the patient census in each hospice artificially small-the issue is not that hospices are unable to provide needed care to patients, it is that there needs to be increasing awareness in the community about the benefits of hospice services.
- Decreasing the number of patients serviced by a community-based hospice may result in decreased revenue and donations which are currently utilized by these hospices to assist in funding hospice and community programs. The income generated from a community-based hospice provider is utilized for the benefit of the citizens of the community, not the shareholder. Ultimately, this benefits the entire region.

Our agency has been servicing the community for Ninety-four (94) years. Our focus is on service to the community. We strive to give back to our community in every aspect of our services. We make decisions not on what dividends we will return to our shareholders, but the quality and the services we can provide to the people we are committed to serve. Our Board of Directors shares this mission and lives here in

Connecticut among the people we are dedicated to serve. For this reason, we provide many health and wellness programs through out our service area and offer education to area senior centers and community groups.

Comments regarding HB 7156: We **strongly support** this bill with one technical amendment: That the word “**or**” in Section C and in the Statement of Purpose be changed to the word “**and**”, thus requiring that Hospices must be licensed by the Department of Public Health and Medicare certified. The implementation of this bill to require that hospices serve all settings is necessary and enforces Connecticut’s model of providing consistent, high quality care to patients throughout the stages of terminal illness which we feel is the best way to care for our patients and families. I have met with a number of Administrator at the National Hospice and Palliative Care Organization’s leadership conference, who do not feel that the every ten year requirement for survey by Medicare helps them ensure quality of care and stay compliant.

Thank you for consideration of our comments. I would be pleased to answer any questions you may have.